

Entered - 08/01/01 - sb
CL01L0487 - DIANNE C. MITCHELL

CLAIM OF: LANCE COPELAND
784 Ponce de Leon Place
Apt. 102
Atlanta, Georgia 30306

01- R -1404

For damages alleged to have been sustained as a result of vehicular damage due to road construction on June 27, 2001 at Virginia Avenue and Ponce de Leon Place.

THIS ADVERSED REPORT IS APPROVED

BY: Rosalind Rubens Newell
ROSALIND RUBENS NEWELL
DEPUTY CITY ATTORNEY

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 01L0487

Date: August 27, 2001

Claimant /Victim LANCE COPELAND
BY: (Atty.)(Ins. Co.) _____
Address: 784 Ponce de Leon Place, Apt. 102, Atlanta, Georgia 30306
Subrogation: Claim for Property damage \$ 230.98 Bodily Injury \$ _____
Date of Notice: 07/30/01 Method: Written, proper X Improper _____
Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X
Date of Occurrence 06/27/01 Place: Virginia Avenue and Ponce de Leon Place
Department _____ Division: _____
Employee involved _____ Disciplinary Action: _____

NATURE OF CLAIM: The claimant alleges his vehicle was damaged when he drove through a construction site at the above location. The investigation determined that a private contractor working for Bell South was working at this location at the time of this incident. The claim has been forwarded to Bell South for handling and the claimant has been advised of this action.

INVESTIGATION:

Statements: City employee X Claimant X Others _____ Written _____ Oral X
Pictures _____ Diagrams _____ Reports: Police _____ Dept Report _____ Other _____
Traffic citations issued: City Driver _____ Claimant Driver _____
Citation disposition: City Driver _____ Claimant Driver _____


BASIS OF RECOMMENDATION:

Function: Governmental _____ Ministerial _____
Improper Notice _____ More than Six Months _____ Other X Damages reasonable _____
City not involved X Offer rejected _____ Compromise settlement _____
Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____
Claimant Negligent _____ City Negligent _____ Joint _____ Claim Abandoned _____

Respectfully submitted,


INVESTIGATOR - DIANNE C. MITCHELL

RECOMMENDATION:

Pay \$ _____ Adverse X Account charged: 1A01 _____ 2J01 _____ 2H01 _____
Claims Manager:  Concur/date 18-27-01
Committee Action: _____ Council Action _____

COUNCIL OF THE CITY OF ATLANTA
MUNICIPAL CLERK
City Hall
55 Trinity Avenue, S.W.
Atlanta, Georgia 30335

RECEIVED

JUL 30 2001

MUNICIPAL CLERK

RE: CLAIM FOR DAMAGES

Today's Date: 7-18-01

Dear Municipal Clerk:

ENTERED - 8-1-01 - SB
01L0487 - DIANNE MITCHELL

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ 230.98 proper and/or \$ _____ bodily injury for which I contend the City is liable.

1. Date of incident: June 27, 2001 (month/day/year) 2. Time of Incident: 12:14 AM 3. Police called: X Yes No
4. Location of incident (including street address): Virginia Ave. Atlanta, Georgia's Fulton County
5. Name of your insurance company: Progressive Policy No. 55062429-5
6. State what and how incident occurred: Georgia. I was driving down Virginia's Ave. heading towards N. Highland when my front left tire hit the corner edge of one of the steel plates that cover the road when there is under street construction. continue on back
7. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!
8. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).
Your vehicle: Nissan 2001 429ZRT Lance Copeland
(Make) (Year) (Tag Number) (Driver's Name)
City vehicle: _____
(Make) (City Driver's Name) (Department/Bureau)
9. Witness: _____
(Name) (Address) (Telephone Number)
10. The acknowledgment of this claim in no way waives the Sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).
11. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Signature of Claimant

(Print Claimant's Name)

(Address)

(City, State and Zip Code)

(Work Number)

(Home Number)

01-R-1404